

# Fiscal Year 2008 Quarterly Report

## Child Services Coordinator Grant

Agency: \_\_\_\_\_  
 Facility Type: \_\_\_\_\_  
 (Emergency, Transitional, Domestic Violence)

**NOTE: A SEPARATE REPORT MUST BE SUBMITTED FOR EACH TYPE FACILITY**

Address: \_\_\_\_\_  
 Quarter: \_\_\_\_\_ (Enter 1, 2, 3, 4)  
 Grant Number: \_\_\_\_\_

Count only those children receiving any service for the FIRST time this quarter	TANF-Eligible Children	Other Children	Total
1. Number of NEW children receiving services this quarter *			0
2. Number of new children over the age of 5 receiving services this quarter			0
	TANF-Eligible Children Assisted	# of Other Children Assisted	Total
2. Health Services	<i>Count children who receive a health service for the first time in this quarter</i>		
Physical Health Screenings completed on all new children this quarter			0
Physical Health Screening completed on new children over the age of 5			0
3. Mental Health Services	<i>Count children who received a screening for the first time in this quarter</i>		
Mental Health Screening conducted on all new children this quarter			0
Mental Health Screening conducted on new children over the age of 5			0
4. Educational Services	<i>Count children who receive this type of service for the first time in this quarter</i>		
School aged educational screening conducted on new children this quarter			0
Pre school aged educational screenings conducted on new children this quarter			0

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**Reports are due by the 10th day of the month following the end of the quarter.  
Submit reports electronically to [hsnh@dhcd.virginia.gov](mailto:hsnh@dhcd.virginia.gov)**

Primary contact person: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Date report submitted: \_\_\_\_\_

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### ILITY

\* On July 1, 2007, all households in residence are considered NEW for fiscal year 2008.

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